MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-044391
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10736

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS,
c. CITY OR TOWN: PINE LAWN — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6217 WESTERHOFF — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle ELIZABETH Last HOW
4. DATE OF DEATH: Month Nov. Day 7 Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-6-62
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days — IF UNDER 24 HR: Hours 42 Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): ST LOUIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Earl E How
13b. MOTHER'S MAIDEN NAME: Dolores Leo
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Earl E How — Address: 6217 Westerhoff

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity — from birth
DUE TO (c): 773.5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from birth to 11-7-62 and last saw her alive on 11-7-62
Death occurred at 12:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John B Sutphin, M.D.
22b. ADDRESS: 111 Church St., Ferguson, Mo.
22c. DATE SIGNED: 11-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/8/62
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI

24. FUNERAL DIRECTOR: STROOT – CARROLL
ADDRESS: 4600 NAT'L BRIDGE
25. DATE RECD. BY LOCAL REG.: NOV 8 1962
26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	4036 3 P		
3			
4	1		
5	0		
6	1		
7	0		
8	1		
9			
10			
11			
12	59.0		
13			

59

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision. NOT EMBALMED

Student_____ Signed M W Rueter

Signature of Student Embalmer

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.